

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/543005
FILING DATE
APPLICANT (NAME)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51		1			
2								52		1			
3		2						53		1			
4	1							54		1			
5								55		1			
6		6						56		1			
7	1							57		1			
8	1							58		1			
9		2						59		1			
10	1							60		1			
11		3						61		1			
12		8						62		1			
13								63		1			
14		7						64					
15		7						65					
16		1						66					
17	1							67					
18	1	0						68					
19		0						69					
20		1						70					
21		1						71					
22		0						72					
23	1							73					
24		0						74					
25		0						75					
26		0						76					
27		0						77					
28		0						78					
29		0						79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	10	4	10	4				TOTAL IND.		4			
TOTAL DEP.	2	1	24	4				TOTAL DEP.		4			
TOTAL CLAIMS	31	31	34	34				TOTAL CLAIMS		31			

BEST AVAILABLE COPY